

**WAIVER OF EMERGENCY RESPONSE TO LIFE THREATENING ASTHMA OR  
SYSTEMIC ALLERGIC REACTIONS PROTOCOL**

\_\_\_\_\_ School District

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

I am aware of the school policy that provides a protocol to follow by school personnel to administer EpiPen/albuterol to a student when it is determined that the student is suffering a life-threatening asthma or systemic allergic reaction while school is in session.

After considering the school policy and the best interests of my child, \_\_\_\_\_, I do not wish to have him/her administered albuterol or medication from an Epi-Pen by school personnel under any circumstances for the 20\_\_ - 20\_\_ school year.

\_\_\_\_\_  
(Signature of Parent/Legal Guardian/Custodian of Child)

\_\_\_\_\_  
(Date)